PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  PH-2491											
		CLAIMS	S AS FILED - (Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
FOR		NUME	NUMBER FILED		NUMBER EXTRA		TE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))			F.A. 131		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			s	OR		<sub>\$</sub> 750
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		* 0		_=		OR	x \$ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AIMS	minus 3 =		* 0		_=		OR	x 84 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+	_=		OR	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2					тот	AL		OR	TOTAL	\$750	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=		_==		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					] [+_	_=		OR	+=	
	(Column 1) (Column 2) (Column 3)				TO ADDIT.	TAL FEE		OR A	TOTAL ADDIT. FEE		
AMENDMENT B	200 mg	CLAIMS REMAINING AFTER AMENDMEN'	200	HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=		OR	x \$=	[ 
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR OR	x=	
1	FIRST PRES	SENTATION OF I	MULTIPLE DEI	IULTIPLE DEPENDENT CLAIM		+=			OR	+=	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE			OR TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	*	Minus	**	=	x \$_	_=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					]  +	=	:	OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									OR	TOTAL ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.